

State: Michigan

## ELEMENTARY AND SECONDARY EDUCATION HURRICANE RELIEF PROGRAM

### Certification By Non-Public Schools For Emergency Impact Aid For Displaced Students

NAME OF SCHOOL : \_\_\_\_\_  
STREET/P.O. BOX : \_\_\_\_\_  
CITY : \_\_\_\_\_  
COUNTY : \_\_\_\_\_  
ZIP : \_\_\_\_\_

CONTACT PERSON NAME : \_\_\_\_\_  
TITLE : \_\_\_\_\_  
PHONE : \_\_\_\_\_  
FAX : \_\_\_\_\_  
E-MAIL : \_\_\_\_\_

**Name of the local educational agency**

within whose boundaries this non-public  
school is located: \_\_\_\_\_

Amount of tuition and fees per student: \_\_\_\_\_

I certify that this school is a non-public school that meets the requirements of paragraph (b)(3) of the law governing Emergency Impact Aid for Displaced Students.

I certify that the displaced students included on the attached list were enrolled in this school on the designated count dates.

I certify that payments to Emergency Impact Aid Accounts received from the local educational agency will be used by this school only for purposes described in sub-paragraph (e)(2)(A) of the law governing Emergency Impact Aid for Displaced Students.

I certify that I have received and read copies of paragraph (b)(3) and sub-paragraph (e)(2)(A) of the law governing Emergency Impact Aid for Displaced Students.

I certify that I am authorized to make the representations and commitments in this certification, for and on behalf of this school, and otherwise to act as this school's authorized representative in submitting this certification.

I certify that I will notify my LEA if a student on the attached form exits the school prior to the end of the school year.

I certify that I will retain all documents for possible review.

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Return this form and all attachments to your Local Educational Agency**